

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L99000001117

1. Entity Name

COSCAN DEVELOPERS FLORIDA, L.L.C.

Principal Place of Business
**5555 Anglers Avenue
Ft. Lauderdale, Florida 33312**

Mailing Address
**5555 Anglers Avenue
Ft. Lauderdale, Florida 33312**

2. Principal Place of Business
5555 Anglers Avenue

3. Mailing Address
5555 Anglers Avenue

Suite, Apt. #, etc.

Suite 1A

Suite, Apt. #, etc.

Suite 1A

City & State
Ft. Lauderdale, Florida

City & State
Ft. Lauderdale, Florida

4. FEI Number
65-0893811

Applied For

Not Applicable

Zip
33312

Country
US

Zip
33312

Country
US

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and address of New Registered Agent

Registered Agents of Florida, LLC
100 Southeast Second Street, Suite 3500
Miami, Florida 33131

Name

Registered Agents of Florida, LLC

Street Address (P.O. Box Number is Not Acceptable)

100 S.E. Second Street

Suite 2900

City

Miami

FL

Zip

33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Howard J. Vogel, V.P.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1, 2003**

9. MANAGING MEMBERS/ MEMBERS

10. ADDITIONS/ CHANGES

TITLE NAME
STREET
ADDRESS
CITY-ST-ZIP
**M
Brookfield Developers Florida, Inc.
5555 Anglers Avenue
Ft. Lauderdale, Florida 33312** ☒ Delete

TITLE NAME
STREET
ADDRESS
CITY-ST-ZIP
**MGRM
Coscan Florida Holdings, Ltd.
5555 Anglers Avenue
Ft. Lauderdale, Florida 33312** ☐ Change ☒ Addition

TITLE NAME
STREET
ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET
ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET
ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET
ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET
ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET
ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET
ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET
ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

Albert Piazza

(954) 620-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #